## APPLICATION FOR ADMISSION TO PRACTICE LAW IN THE WESTERN DISTRICT OF VIRIGINIA

l,	, age	, hereby make application for
admission to practice law in your F	lonor's Court. O	n
I was admitted to practice law in th		
RESPECTFULLY SUBMITTED:		
Signature of Applicant		Full Printed Name of Applicant
Social Security Number		Virginia State Bar ID Number
		Firm Mailing Address
		Firm Telephone
We, the undersigned members of acquainted with the above applica and ethical conduct.		•
Signature of Admitted Attorney		Printed Name of Admitted Attorney
Signature of Admitted Attorney		Printed Name of Admitted Attorney

## PLEASE DO NOT SUBMIT ANY FEES WITH THIS APPLICATION.

Fees for admission (\$176) and/or a Certificate of Good Standing (\$18) will be collected immediately following your admission to the Court. Upon verification of the information provided above, the Clerk's Office will call you to schedule an appointment for you to be sworn in.